

RECEIVED

AUG 15 2014

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Mario Flores

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

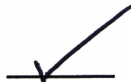
14 C 6346
Judge Sara L. Ellis
Magistrate Judge Maria Valdez

vs.

Tom Dart (Sheriff, Cook
County), Superintendent
of Div. 2 (UNKNOWN), officer
Morales (C.C. DOC), Nurse
(UNKNOWN Female), officer-
Sergeant (UNKNOWN WHITE MALE)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

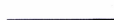
CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)



COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)



OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Mario Flores
- B. List all aliases: NONE
- C. Prisoner identification number: B14956
- D. Place of present confinement: East Moline Correctional Center
- E. Address: 100 Hillcrest Rd, East Moline, IL 61244

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: Tom Dart
Title: Cook County Sheriff
Place of Employment: Cook County
- B. Defendant: Superintendent (Div. 2) UNKNOWN
Title: Superintendent (Div. 2) unknown
Place of Employment: Cook County Dept of Correction
- C. Defendant: officer Morales (badge# unknown) male
Title: officer - correctional
Place of Employment: Cook County Dept. of Correction

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

II. Defendant(s) continued:

D. Defendant: African American Nurse (UNKNOWN) Female
Title: Nurse
Place of employment: Cook County, Dept of Correction

E. Defendant: WHITE SHIRT (UNKNOWN MALE)
Title: Officer - Sergeant
Place of employment: Cook County, Dept. of Correction

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: None
- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____
- D. List all defendants: None
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____
- G. Basic claim made: _____
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____
- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On June 9th, 2014 while detained at the Cook County Jail, administered and over seen by Sheriff Tom Dart, around the evening time at Division 2, Dorm 1, E house, I slipped and fell striking the toilet and injuring myself in my left inner thigh. The water is from the Showers collecting in front of toilets due to poor-inproperly draining. Upon injuring myself I informed officer Morales (badge #unknown) who in turn told me to wait until the nurse arrived. The nurse (Female African American name unknown), who I informed of my injury, the pain I was in and the beginning of my inner left thigh turning black and Blue and feeling numb. The nurse told me to wait until she dispensed →

medication. when nurse finished she told me "she could not do anything". A white shirt (officer-sargeant unknown male) requested my presense to Videotape my injury and then authorized officers to take me to Cermak Health Services at the C.C.DOC. Over six hours passed until after being attended by unknown medical personnel I was told that I would be seen and assessed by medical at Stroger Hospital outside the Jail. Over 8 (eight) hours passed since injury, No medication was given to me until I got to Stroger Hospital after being reviewed by Doctors who found a ruptured Blood vessal. Pain from injuries continue. I wrote grievances prior to my leaving C.C.DOC to IDOC (see Exhibit A).

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Monetary compensation for injuries due
to negligence at the Cook County Jail.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 12th day of August, 20 14

Mario Flores
(Signature of plaintiff or plaintiffs)

Mario Flores
(Print name)

B14956
(I.D. Number)

EAST Moline Correctional Center
100 Hillcrest Road
East Moline, IL 61244
(Address)



Christine Hanna
Notary



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

204X-3558

! This section is to be completed by Program Services staff - ONLY ! (! Para ser llenado solo por el personal de Program Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☒ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

REFERRED TO:

- ☒ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

| | | |
|--|--|---|
| PRINT - INMATE LAST NAME (Apellido del Preso): Flores | PRINT - FIRST NAME (Primer Nombre): Mario | ID Number (# de identificación): 20140418325 |
| DIVISION (División): 2 | LIVING UNIT (Unidad): Dorm 1 @ 32 | DATE (Fecha): 6/11/14 |

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- * An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- * Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- * When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.

* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.

* Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Especifico Del Incidente)

On 6-7-14 I fell in the washroom and got hurt. I told the officer what happen, they told me that I had to wait till the nurse got here so I did, when I told nurse what happen she told me that I had to wait till she finished with the med line was done. In the mean while my condition got worst, I told officer on the floor that I needed medical attention, it took them about 8 hours before they took me to the hospital, I think then I have and 45 minutes before they took me to CERMAK Health Services.

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitado):

to be compensated for my injuries, reprimand the officers, and be compensated for pain and suffering, life can't of been in _____

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

Program Services Supervisor Approving Non-Grievance (Request) Signature

Mario Flores

SUPERINTENDENTS/DIRECTORS/DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

| | | |
|--|--------------------------|---|
| CRW/PLATOON COUNSELOR (Print): P. Johnson | SIGNATURE: P. Johnson | DATE CRW/PLATOON COUNSELOR RECEIVED: 6/11/14 |
| SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): | SIGNATURE: | DATE REVIEWED: ___/___/___ |

EXHIBIT A

IN THE
UNITED STATES DISTRICT COURT
Northern District of Illinois

Mario Flores

PLAINTIFF

VS.

CASE NUMBER: _____

Tom Dart (Sheriff Cook County),
DEFENDANT "et al"

PROOF/CERTIFICATE OF SERVICE

To: Clerk U.S. District Court
Northern District of IL
Eastern Division
219 S. Dearborn, 20th FL
Chicago IL 60604

To: _____

PLEASE TAKE NOTICE that on August 12, 2014, I have placed the documents listed below in the institutional mail at East Moline Correctional Center, properly addressed to the parties listed above for mailing through the United Postal Service: 1983 Complaint.

Pursuant to 28 USC 1746, 18 USC 1621, or 735 ILCS 5/1-109, I declare. under penalty of perjury, that I am the named party in the above action, that I have read the above documents, and that the information contained, and that the information contained therein is true and correct to the best of my knowledge. Return Stamped copy

Date: August 12, 2014

/s/ Mario Flores

Name: Mario Flores

IDOC #: B14956

East Moline Correctional Center
100 Hillcrest Road
East Moline, Illinois 61244

Subscribed and sworn to before me
this 12th day of August, 2014.

Christine Hanna
Notary Public

